



Application For Major Petroleum Facility License

Pursuant to Article 12 of the Navigation Law and 6 NYCRR 610; 17 NYCRR 30

Section A

Return Completed Form To:
NYS Dept. of Environmental Conservation
625 Broadway 11th Floor
Albany, NY 12233-7020
(518) 402-9543



Please Type or Print Clearly
and Complete All Items

Expiration Date:

License Number DEC CBS Number: (If applicable)	F A C I L I T Y	Facility Name:		TYPE OF PETROLEUM FACILITY: (Check only one)			
		Location (Not P.O. Boxes)		<input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 05=Utility <input type="checkbox"/> 04=Manufacturing (Other than Chemical)/ Processing <input type="checkbox"/> 08=School			
		Location (cont.):		<input type="checkbox"/> 06=Trucking/Transportation/Fl <input type="checkbox"/> 14=Refinery <input type="checkbox"/> 11=Airline/Air Taxi <input type="checkbox"/> 16=Vessel/Barge <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 20=Chemical Mfg.			
		City:	State:	Zip Code:		<input type="checkbox"/> 99=Other (Specify): _____	
		County: Township/City:		Facility Operator Phone:			
Facility Operator:		PRODUCT TRANSFER OPERATIONS: (Check all that apply)					
Transaction Type (Check all that apply)		<input type="checkbox"/> 1)Initial/New Facility <input type="checkbox"/> 2)Change of Licensee <input type="checkbox"/> 3)Tank installation, Closing, or Repair <input type="checkbox"/> 4)Information Correction <input type="checkbox"/> 5) Renewal		<input type="checkbox"/> 1=Tank Truck <input type="checkbox"/> 4=Pipeline <input type="checkbox"/> 2=Railroad Car <input type="checkbox"/> 5=Other(Specify): <input type="checkbox"/> 3=Vessel/Barge (incl. off-shore platform)			
Type of Licensee: (check only one)		<input type="checkbox"/> State Government <input type="checkbox"/> Local <input type="checkbox"/> Federal Government <input type="checkbox"/> Corporate/Commercial		Average Daily Throughput (Gallons): Total Storage Capacity (Gallons): Emergency Contact Name: Emergency Telephone Number:			
L I C E N S E		Licensee Name:		I hereby certify, under penalty of law, that all of the information provided on this form is true and correct. False statements made herein may be punishable as a criminal offense and/or a civil violation in accordance with applicable state and federal law.			
		Address (Street and/or P.O.):					
		City:	State:			Zip Code:	
Licensee Telephone Number:		Name of Licensee or Authorized Representative:					
L E G E N T		Legal Agent Name:				Title:	
		Address (Street and/or P.O.):		Signature: Date:			
		City:	State:	Zip Code:			
Date Filed With The Secretary Of State:							
For Vessels Only Vessel ID #:		C O R R E S P O N D E N		(Please keep up to date - this information is used for mailing and contact puposes)		OFFICIAL USE ONLY	
Facility Contact Person Name:						Date Received ___/___/___	
Contact Person Company Name:						Sections Completed:	
Address:						A: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (cont.):						B: <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/State/Zip Code:						C: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number:		D: <input type="checkbox"/> Yes <input type="checkbox"/> No					
E-Mail Address:		Date Processed ___/___/___					
		Reviewed by _____					
		Revised 11/01/2022					

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

INSTRUCTIONS FOR COMPLETING MAJOR PETROLEUM FACILITY LICENSE APPLICATION FORM

SECTION A - Vessels

Article 12 of Navigation Law, 6 NYCRR Part 610 and 17 NYCRR Part 30

LICENSE NUMBER - Enter five digit NYSDEC License Number if facility was previously licensed; otherwise, leave blank.

TRANSACTION TYPE - Check the appropriate box(es) to indicate type of transaction (check all that apply).

Initial/New Facility.....First application for license for this facility. License number will be assigned by NYSDEC.

Change of LicenseeApplication for license by a new owner or operator. Enter the License Number from the existing License Certificate for this facility and complete all sections.

Tank Installation, etc.....Not applicable for vessels.

Information Correction... If any information changes have occurred since the initial license application or the last renewal, indicate the corrected information in the appropriate spaces, include the License Number, and complete the name/title/signature of a duly authorized officer, and date.

RenewalApplication by the same licensee for a previously licensed facility. Licenses for major petroleum facilities must be renewed and are not transferable. Indicate any changes that have occurred since last renewal and provide the name/title/signature of the duly authorized officer, and date.

TYPE OF Licensee - Check the appropriate box to indicate the type of Licensee.

Vessel ID #: Enter Vessel Identification Number assigned by the U. S. Coast Guard, Lloyds, or other competent authority.

FACILITY INFORMATION: Enter the name and location (**not** PO Box) of the facility. Include any information that would assist in locating the facility. For county, enter the county in which the facility is located. For township, enter the geographical location, not the mailing city.

FACILITY OPERATOR: Person or company operating the facility. **FACILITY PHONE NUMBER:** Phone number during business hours.

LICENSEE INFORMATION: Enter the name, address and telephone number of the company which owns or operates the facility applying for a license as required by Article 12 of the Navigation Law. Federal Tax Identification Number is the number assigned by the Internal Revenue Service. It is required by New York State Department of Tax and Finance.

LEGAL AGENT IN NYS FOR SERVICE OF PROCESS WITH THE SECRETARY OF STATE: Section 174 (11) of the Navigation Law requires that each owner or operator of a major facility or vessel subject to the provisions of that Section designate a person in the State as his/her legal agent for the service of process under Article 12 and further requires that such designation must be filed with the Secretary of State. In the absence of such designation, the Secretary of State shall be designated agent for purposes of service of process under Article 12 of the Navigation Law. Enter the name, street address, city, state and zip code of the person designated, as well as the date the designation of legal agent was filed with the Secretary of State. "Secretary of State" is **not** an acceptable legal agent.

MAILING CORRESPONDENCE: Enter the desired mailing name and address, telephone number and e-mail address for license correspondence and the name of the contact person who will be responsible for the payment of the license fee and familiar with the efforts of the business to comply with provisions of Article 12 of the Navigation Law, 6 NYCRR Part 610 and 17 NYCRR Part 30. This information must be kept up-to-date.

TYPE OF MAJOR FACILITY: Check the appropriate box indicating the type of major facility for which a license application is being submitted. If "other", specify the type of facility in the space provided. A major facility includes, but is not limited to, any refinery, storage or transfer facility, pipeline, deep water port, drilling platform, or any appurtenance related to any of the preceding that is used or capable of being used to refine, produce, store, handle, transfer, process or transport petroleum. A vessel shall be considered a major facility only when petroleum is transferred between vessels in the waters of the State of New York. Fueling operations between vessels are not considered a transfer. Petroleum means oil of any kind in any form including, but not limited to, oil, petroleum, fuel oil, oil sludge, oil refuse, oil mixed with other wastes and crude oils, gasoline and kerosene, etc. Vessels are major facilities **regardless** of storage capacity.

PRODUCT TRANSFER OPERATIONS: Check all that apply for the operation used to transfer product to and from the facility.

AVERAGE DAILY THROUGHPUT/TOTAL STORAGE CAPACITY: Enter the average daily throughput and the total storage capacity of the facility (specify in **gallons**).

EMERGENCY CONTACT: Enter the emergency contact name and telephone number.

NAME AND OFFICIAL TITLE OF LICENSEE OR LICENSEE'S AUTHORIZED REPRESENTATIVE: Type or print name and title of the licensee or authorized representative.

SIGNATURE AND DATE: Enter the name, title, and signature of the licensee or duly authorized officer, along with the date the application was prepared.

SECTION D OF MAJOR PETROLEUM STORAGE LICENSE APPLICATION - VESSELS ONLY

License Number: _____

INITIAL/NEW FACILITY AND CHANGE OF OWNERSHIP APPLICATIONS ONLY

APPLICANT, ENTER REQUESTED INFORMATION FOR QUESTION 1.

1. Enter the vessel Identification number assigned by the US Coast Guard, Lloyds, or other competent authority: _____

ALL APPLICATIONS

APPLICANT, ANSWER QUESTIONS 2-6 AND SUPPLY ANY REQUESTED INFORMATION.

Yes No

2. Does this vessel have a valid Certificate of Inspection or Certificate of Compliance (Foreign flag vessels) issued by the US Coast Guard? If so, enter certification date _____ and expiration date _____, and attach a copy of the Certificate of Inspection or Certificate of Compliance. If no, please see instructions.
3. Has a Vessel Response Plan, including required annual amendments, been submitted and approved by the US Coast Guard in accordance with 33 CFR 155.1070? If so, indicate date of latest amendment approval _____, and expiration date of plan approval _____. If no, please see instructions.
4. Does this vessel have a valid Certificate of Financial Responsibility issued by the US Coast Guard? If so, enter effective date _____, and expiration date _____. If no, please see instructions.
5. Does this vessel have any uncorrected violations cited by the US Coast Guard? If so, please attach an explanation.
6. Has this vessel experienced a spill or uncontrolled discharge during the past five years? If so, please see instructions.

**INSTRUCTIONS FOR COMPLETING SECTION D OF MAJOR PETROLEUM LICENSE
APPLICATION – VESSELS ONLY**

INITIAL/NEW FACILITY AND CHANGE OF OWNERSHIP APPLICATIONS ONLY

APPLICANT, ENTER REQUESTED INFORMATION FOR QUESTION 1.

- (1) VIN or Vessel Identification Number means number assigned by the Coast Guard, Lloyds, or other competent authority. It is sometimes referred to as the vessel's "Official Number."

ALL APPLICATIONS

APPLICANT, ANSWER QUESTIONS 2-6 AND SUPPLY ANY REQUESTED INFORMATION.

- (2) Indicate whether the vessel has a valid US Coast Guard Certificate of Inspection (COI) or for Foreign flag vessels, a valid Certificate of Compliance. If so, indicate certification date and expiration date, and attach a copy of the COI or Certificate of Compliance. If no, please attach explanation.
- (3) Indicate whether approval has been received from the US Coast for the Vessel Response plan, including annual amendments. Vessel Response plans are required under the Federal Oil Pollution Act of 1990 (OPA 1990) amendments to the Federal Water Pollution Control Act. If so, this satisfies the requirement to submit a primary and contingency clean up and removal plan as specified in Section 174 of Article 12 of the Navigation Law; indicate date of approval of latest amendment by the US Coast Guard, and date of expiration of plan approval by US Coast Guard. If no, then a primary and contingency clean up and removal plan must be submitted with this license application as specified in Section 174 of the Navigation law.
- (4) Indicate whether the Vessel has an unexpired Certificate of Financial Responsibility (COFR) from the US Coast Guard, which indicates the vessel operator has established evidence of financial responsibility in accordance with 33CFR 138, to meet liability under Section 1002 of the Oil Pollution Act of 1990 (OPA 1990) and under Section 107 of the Comprehensive Environmental Response, Compensation, and Liability Act, which may result from the operation of this vessel. If so, this satisfies the requirement to demonstrate financial responsibility under Article 12 of the Navigation Law; indicate effective date and expiration date of Coast Guard approval of Certificate of Financial Responsibility. Vessels not covered by OPA 1990 must provide other evidence of financial responsibility.
- (5) If the Coast Guard has had occasion to inspect your vessel and has cited your company for violation(s) and you have not corrected the violation(s), check "Yes" and attach an explanation identifying the violation(s) and explaining why corrective actions have not been taken or are not fully complete. Otherwise, check "No."
- (6) If the vessel has been the source of spills or discharges during the past five years, please attach a statement providing the following information for each spill or discharge:
- a. Cause of spill
 - b. Amount and type of product spilled
 - c. Environmental damages caused by spill
 - d. Corrective actions taken to prevent a similar event from occurring

MAILING INSTRUCTIONS

Please mail the completed application with attachments to:

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625 Broadway 11th Floor
Albany, NY 12233-7020
(518) 402-9543